

Village of Dane

Incorporated April 6, 1899

102 W. Main St.
P. O. Box 168
Dane, WI 53529-0168

Telephone: 608-849-5422
Fax: 608-849-6412
E-Mail: villageofdane@charter.net

Authorization Agreement for Preauthorized Payments

I hereby authorize the Village of Dane, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my account indicated below and the financial institution name below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority is to remain in full force and effect until the Village of Dane has received written notification from me of its termination in such time and in such manner as to allow the Village of Dane and DEPOSITORY a reasonable opportunity to act on it. I understand the payment will be withdrawn from my account on the due date listed on the monthly utility bill. If any error occurs the Village of Dane will notify me as soon as the error is discovered. I will in turn notify the Village of Dane if I discover any discrepancies from my billing and amount withdrawn. The Village of Dane will act to correct such errors immediately.

Date _____

Name (print) _____

Customer Number _____

Financial Institution Name _____

Financial Institution City _____ Zip Code _____

Routing Number _____

Account Number _____

Type Checking Savings

Customer Signature _____

Check one:

I am not currently participating in the Preauthorized Payments Program.

ADD – Withdrawal my payment from the account shown.

I am currently participating in the Preauthorized Payments Program.

CHANGE – Change my financial institution and/or account number.

CANCEL – Stop my participation in the program.

PLEASE ATTACH A VOIDED CHECK OR SAVING DEPOSIT SLIP

Please Note: Checking Deposit Slips will not be accepted

Please make a copy for your records.